

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)
CHARITTA BURT, PAS

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35 USC Receipts of Request 9.14.06 / Notes

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Notice of Missing Requirements (905) /

Notice of Defective Response (916) /

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Notice of Abandonment (909) /

Notice regarding CRF Disk (922) /

UPDATED:

DO/EO PARALEGAL BIWEEKLY TIME WORKSHEET												Signature: _____								
U.S. DEPARTMENT OF COMMERCE												Pay Period	Name	Team	Period Ending	5-12-07				
ACTIVITY												WEEK	SECOND WEEK	TOTAL	SU MO TU WE TH FR SA	HRS.	CODE	SUBPROJECT	BI-WEEK	HRS.
1. Consulting Time	1.0	1.0	1.0	1.0	4.0	1.0	1.0	1.0	1.0	1.0	6.0	(Q) 112534	10.0							
2. Customer Service												(H) 011214								
3. Staff Meetings												(K) 119002								
4. General Paralegal Training (Identify in remarks)												(N) 090101								
5. Special Projects (Identify in remarks)												(L) 119609								
6. Other Training (Identify in remarks and include proper sub-project code)												011097								
7. Union Activities (Identify in remarks and include proper sub-project code)																				
8. Other (Identify in remarks and include proper sub-project code)																				
A. TOTAL OTHER TIME (1 to 8)	1.0	1.0	1.0	1.0	4.0	1.0	1.0	1.0	1.0	1.0	6.0		10.0							
B. ANNUAL LEAVE												(T) 051000	8.0							
C. SICK LEAVE												(U) 051100	4.0							
D. ADMINISTRATIVE LEAVE												(V) 051201								
E. Detail												(W) 051202								
F. Compensation Time taken (Enter on Comp. form)												(Y) 055000								
G. IFP Credit Hours taken												057000								
H. Regular Production Hours (regular hours at work minus A-G)	7.5	7.0	6.0	9.0	29.5	6.0	6.0	6.0	9.5	6.0	28.5	(D) 011207	58.0							
I. TOTAL REGULAR HOURS IN PAY STATUS (A to H)	8.0	8.5	8.0	7.0	10.0	41.5	11.0	8.0	12.0	10.5	12.0	(D) 011207	80.0							
J. Overtime Hours in Home Group												(D) 011207	27.0							
K. Compensation Time Worked (Enter on Comp. form)												(D) 011207	27.0							
L. IFP Credit Hours Worked												(D) 011207	107.0							
M. Outside Home Group / Organization Code												(D) 011207	107.0							
N. Holiday												(D) 011207	107.0							
O. Regular												(D) 011207	107.0							
P. Holiday												(D) 011207	107.0							
Q. Compenstatory Time Worked (Enter on Comp. form)												(D) 011207	107.0							
R. Holiday												(D) 011207	107.0							
S. Supervisor Verification:													INITIALS	Date: _____	Signature: _____					
TOTAL PRODUCTION (H & J to L)																				